



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	331202.00016																								
	First Named Inventor or Application Identifier																									
	DAVID VENTURI																									
	Express Mail Label No.																									
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>																										
ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231																										
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p><p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p><p>3. <input type="checkbox"/> Specification Total Pages <input type="text" value="38"/></p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <input type="text" value="9"/></p><p>5. <input type="checkbox"/> Oath or Declaration Total Pages <input type="text"/></p><p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p><p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p><p style="margin-left: 40px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p><p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p><p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p style="margin-left: 20px;">b. Specification Sequence Listing on:</p><p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p><p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p><p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div>																										
ACCOMPANYING APPLICATION PARTS																										
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p><p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p><p>11. <input type="checkbox"/> English Translation Document (if applicable)</p><p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p><p>13. <input type="checkbox"/> Preliminary Amendment</p><p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p><p>16. <input type="checkbox"/> Other: _____</p></div><div style="width: 48%;"></div></div>																										
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Continuation</div><div><input type="checkbox"/> Divisional</div><div><input checked="" type="checkbox"/> Continuation-in-part (CIP) of Swedish Patent Appln. 0202529-4, filed Aug. 26, 2002</div></div> <p><small>Prior application information: Examiner: Group/Art Unit:</small></p> <p><small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p>																										
18. CORRESPONDENCE ADDRESS																										
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Customer Number or Bar Code Label</div><div>(Insert Customer No. or Attach bar code label here)</div><div>or <input type="checkbox"/> Correspondence address below</div></div>																										
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">NAME</td><td colspan="5"></td></tr><tr><td>Address</td><td colspan="5"></td></tr><tr><td>City</td><td style="width: 20%;">State</td><td style="width: 20%;"></td><td style="width: 20%;">Zip Code</td><td colspan="2"></td></tr><tr><td>Country</td><td>Telephone</td><td></td><td>Fax</td><td colspan="2"></td></tr></table>			NAME						Address						City	State		Zip Code			Country	Telephone		Fax		
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